Post-Event Summary Report for White House Conference on Aging
Name of Event: "The Changing Face of Mobility: Getting Around Elder-Friendly Communities"
Date of Event: March 10, 2005
Location of Event: ASA/NCOA Joint Conference, Philadelphia, PA
Number of Persons attending: Approximately 100
Sponsoring Organization(s): American Society on Aging
Contact Name: James Emerman
Telephone Number: 415-974-9600
Email: jim@asaging.org
Moderators: John W. Eberhard, Helen Kerschner, Joan Harris
Policy Committee Member: Gail Hunt attending

Summary of the Event: "The Changing Face of Mobility: Getting Around Elder-Friendly Communities"

Transportation enables people to do most things they need to do and is the key to independence for older people: getting to work/volunteer activities, keeping up social relationships, getting to the doctor/dentist/wellness activities, seeing/taking care of the grandchildren, getting around the neighborhood, etc. Most older people currently rely on their cars to get around and more older baby boomers will do so in the future. However, there comes a time when most will no longer be able to drive and will need other transportation options. Federal and state government agencies and many groups from the private sector have been working for over 10 years to begin to get the transportation system ready for the baby boom generation. This ASA White House Conference on Aging event on March 10, 2005 demonstrates the increasing recognition of the importance of these issues in the past decade: 100 people attended the session while in 1995 a similar session drew just 10 attendees.

So what has been accomplished over that 10 year period? First of all, a much better understanding of the transportation needs and capabilities has been established. We now know that most older people get around in their own car or are driven by a family member and, since most baby boom women currently drive, it is fully expected that they will continue to drive as they age. But there comes a time, often occurring in the middle 80's, when people are no longer able to drive themselves or easily get around with others. To address these issues a number of groups, generally with support from the Federal government, have developed programs and best practices that, when fully implemented, should enable the baby boom generation to have safe mobility and improved independence much later in life. This is crucial because it is anticipated that baby boomers will have longer life expectancies than prior generations and will expect to remain independent. Secondly, from a programmatic and policy point of view, it should be kept in mind that the special needs of the baby boom generation will not kick in until 2020 when some of them reach their middle seventies. Most of the programs that have been developed to this point have not been extensively evaluated and most of the activities to improve the transportation options take time to implement. With this in mind

it would be prudent for the Federal Government to begin now to systematically implement and evaluate the proposed new programs to determine which ones can cost effectively improve the safe mobility of the aging baby boom generation.

This ASA Transportation Event focused on what different organizations have done or could do to enable older people to have safe mobility later in life – addressing the solutions to the transportation issues. The event tried to build on and not duplicate an earlier interest group meeting held at the Transportation Research Board on January 8th, 2005. The organizations that participated along with the individuals presenting are shown in Table 1. The addendum to this report includes presentations and background papers provided by these groups.

Table 1
White House Conference on Aging American Society on Aging Event
Safe and Sustainable Transportation for America's Aging Population

Organization	Presenter
Gerontological Society of America Transportation and Aging Interest Group	Lisa J. Molnar, , Senior Research Associate, UMTRI
TransAnalytics	Loren Staplin, Ph.D,
American Occupational Therapy Association's Community Mobility Recommendations	Maureen Freda Peterson. MS, OTR/L
ADED - Association for Driver Rehabilitation Specialists	Rick Shaffer, CDRS, Hershey Medical Center, Hershey, PA
AARP	Audrey Straight, AARP, Coordinator, Mobility Options, Driver Safety Programs, Livable Communities
Community Transportation Association of America	Jane Hardin, J.D., Senior Transportation Specialist,
ITN America	Katherine Freund, President and Executive Director, Independent Transportation Network
Easter Seals of America	Lisa Peters-Beumer, Project Director, Transportation Solutions for Caregivers
National Association of Area Agencies on Aging	Sandi Markwood, CEO
The Beverly Foundation	Helen Kerschner, President and CEO

Each group was asked to present their top three recommendations to the audience and the audience rated them both on the general importance of the recommendations as well as whether the recommendations would be considered important by the Policy Committee of the White House Conference on Aging. Gail Hunt represented the WHCOA Policy Committee at the session. In order to provide the White House Conference on Aging with the best six recommendations that they should consider, the conference organizers – John Eberhard, Jim Emerman, and Helen Kerschner, using the ratings provided by participants, extracted the commonality of the recommendations presented. The six recommendations, in the order reflecting the rating of participants, are:

1. Promote Policies that Create Incentives for the Use of Private Resources to Fund Senior Transportation

Congress should support programs that remove barriers to older American's use of private means to assist them when they can no longer drive. One key opportunity is to give older Americans a once-in-a-lifetime tax deduction when they trade the equity in their automobile for alternative transportation. Another key is to assure that individuals who use their automobiles when they are volunteer drivers are protected from unreasonable increases in their automobile insurance rates since this is a barrier for people becoming volunteer drivers. Tax incentives should also be explored such as enabling adult children to develop a transportation fund for their aging parents with pre-tax dollars. In the long run these incentives will not only improve the safe mobility of older people but could also reduce the cost of public transportation.

2. Promote Community-Based Volunteer Transportation Options to Supplement Para-transit and Public Transportation

Community-based volunteer services should be promoted to meet the needs of seniors, particularly in suburban and rural areas. Action should focus on: (1) planning for ways to expand and sustain innovative, home-grown volunteer driver programs; (2) enabling volunteer transportation - and private programs to provide supportive transportation to frail seniors; (3) encouraging volunteer transportation programs to provide services to life-enhancing as well as life-sustaining activities; (4) providing information about volunteer transportation programs to transportation and human service sectors throughout the country; (5) developing volunteer driver recruitment efforts that will inform potential volunteers about the positive impact of volunteer driving on older adults, volunteer drivers, and the community at large; and (6) offer guidance on obtaining financial assistance to the model programs to help support the purchase of insurance coverage, the coverage of volunteer driver insurance deductibles, and the payment of mileage reimbursement

3. Promote Increased Federal Investment in Public Transportation

Congress and DOT should increase their investment in public transportation systems so that those seniors who want to or have to cease driving have more options in maintaining their mobility. Policies should encourage a customer-oriented approach to public transportation in rural and suburban communities. Increase funding under Title III-B Supportive Services provision of the Older Americans Act to reduce mounting transportation waiting lists that currently give priority only to medical appointments and the pharmacy. Continue improvements in transportation coordination that are currently underway with United We Ride (FTA). Extend this coordination to see how new innovative volunteer and other programs can be used to augment traditional public transit and para-transit services.

4. Promote Older Driver Safety to Enable Independence as Late in Life as Possible.

Since older people prefer to drive, policy initiatives should be focused on developing older driver safety programs, including referral, assessment, rehabilitative, and regulation programs, to enable functionally limited older adults to drive safely as late in life as possible. Congress and NHTSA should support development and evaluation of standards for certification of driver assessment, education, and rehabilitation, based on functional impairments rather than age per se. Based upon these activities, increase the uniformity of medical reporting procedures and regulations across states and increase consistency of licensing criteria for drivers with medical conditions. Adopt policies promoting the distribution of tools to the public and to health and social service providers including those that encourage safe driving late in life and facilitate discussion among older individuals, their family members, and their health care providers about 'fitness to drive' issues. Promote the use of occupational therapy for assisting older people to deal with their functional limitations as drivers and to access appropriate community-based transportation to maintain their ability to fully participate in their community.

5. Promote Information and Mobility Management Networks to Enable Older People to Have Safe Mobility

DOT and DHHS should work together to develop one-stop information sites to provide older people and their caregivers with what they need to be safe older drivers, walkers, and users of different forms of transportation. DOT and DHHS should work together to identify the best mechanisms and sources for providing information and training on older driver safety and alternative public and private transit options available in their communities. Local aging programs should be utilized as the best means for disseminating information on older driver safety programs and guidelines and for providing assistance in transitioning from driving to alternative forms of transportation.

6. Promote Federal, State, and Local Government's Consideration of the Impact on Seniors' Mobility When Planning For Transportation

DOT should foster better connections between land use and transportation planning – especially in rural areas and suburbs—so that residents of all ages can have convenient and affordable transportation. There is a need for continuous support for roadway, walkway, crosswalk and signage improvements that research has proven would promote safety for older drivers and pedestrians as well as for the public at large. Attention should be given to increased transportation accessibility for people with disabilities, including those with cognitive impairments. Attention should also be given to eliminating pedestrian barriers to using transportation and making systems more welcoming. Further consideration should be given to the role of volunteer programs, such as faith based programs, as a means for providing transportation to those with special needs such as those in rural areas and those requiring escort services.

This independent aging agenda event was designed to provide input to the Policy Committee of the 2005 White House Conference on Aging. This event was neither sponsored nor endorsed by the White House, nor does it any way represent the policies, positions, or opinions of the 2005 White House Conference on Aging or the Federal government.

Policy Recommendations to the White House Conference on Aging
March 10, 2005 Designated Event
Lisa J Molnar[1], David W Eby[1], and Bonnie M Dobbs[2] on behalf of
The Transportation and Aging Interest Group of the Gerontological Society of America

Older driver safety and mobility is a significant issue in the United States (US; Transportation Research Board, 1988, 2004) and elsewhere (Hakamies-Blomqvist & Peters, 2000). By 2030, the number of older people age 65 and over in the US is expected to reach 70 million, comprising over 20 percent of the population (US Census Bureau, 2004). Older drivers are at increased crash risk per mile driven compared to all other age groups except the youngest drivers (McKenzie and Peck, 1998; National Highway Traffic Safety Administration, 2000). However, studies suggest that because they adapt their driving to circumstances under which they feel safest, thereby reducing their annual miles driven, older drivers are not at increased crash risk per *year* driven relative to other age groups (McKenzie and Peck, 1998; National Highway Traffic Safety Administration, 2000). In addition, the older driver crash rate per mile driven may be biased upward due to the tendency of older drivers to drive shorter distances (see e.g., Langford, Fitzharris, Newstead, et al., 2004). Nevertheless, older drivers are clearly at increased risk of death and serious injury, given a motor vehicle crash (Massie and Campbell, 1993), due to age-related frailty (Evans, 1991; Li, Braver, and Chen, 2003).

For many older adults, the continuation of driving is considered essential to independence and quality of life (Carp, 1988; Kaplan, 1995). Driving provides an opportunity for them to stay engaged civically and socially, and to participate in activities that enhance their well being. Loss of driving privileges can lead to increased social isolation by preventing regular contact with friends and family (Ragland, Satariano, & MacLeod, 2004), and is associated not only with a loss of independence, mobility, and freedom (Dobbs & Dobbs, 1997; Huntley et al., 1986), but also with feelings of diminished self-worth, reductions in self-esteem, and loss of identity (Eisenhandler 1990). Results from Marottoli Mendes de Leon, Glass, et al., (1997) indicate that driving cessation was among the strongest predictors of increased depressive symptoms in a large cohort of older drivers.

As older drivers have come under increased scrutiny, it has become apparent that it is not age, per se, that leads to problems with driving. Rather, the declines in driving-related abilities are primarily the result of medical conditions, other health problems, and/or the medications used to treat those conditions. Although those medical conditions can occur at any age, they are more likely to occur as one gets older. Because not all drivers experience these declines in the same way, there is widespread agreement that the focus of traffic safety effort should be on helping older drivers who are competent to continue to drive safely do so, and to identify and provide community mobility support to those who are no longer competent to drive. It is imperative that decisions about driving ability be based on functional ability rather than arbitrary criteria such as age.

Given the knowledge of older driver issues highlighted here, it is understandable that two of the most important older driver safety and mobility issues to emerge during the recent White House Conference on Aging sessions are: 1) keeping older drivers safely on the road; and 2) providing alternative transportation to those who need it. Relative to these issues, the Transportation and Aging Interest Group of the Gerontological Society of America makes the following policy recommendations:

Policy Recommendation 1: Support the development of validated and reliable screening and assessment tools for identifying at-risk drivers, in a variety of settings, based on functional impairments rather than age per se.

Screening and assessment can occur within a number of settings and at multiple levels. Within licensing agencies, it can include visual inspection of drivers' appearance or demeanor when they first come to the counter, asking them questions about their health and medication use, reviewing their driving history, and/or conducting screening tests for visual, cognitive, or psychomotor deficits that may impair driving (e.g., see Janke, 2001; Staplin & Lococo, 2003; Staplin, Lococo, Gish, & Decina, 2003a,b; Staplin, Lococo, Stewart, & Decina, 1999). Results of these initial screening activities are best used to determine whether a more in-depth evaluation of driving competency is necessary. Recent work examining mandatory assessment of older drivers by licensing agencies in Australia found no associated safety benefits (see (Langford, Fitzharris, Koppel, et al., 2004; Langford, Fitzharris, Newstead, et al., 2004). Consistent with these preliminary findings, our policy recommendation does not suggest that mandatory population-based screening and assessment be required in licensing agencies. The focus of the recommendation is on developing valid and reliable tools that provide opportunities for functionally-based screening and assessment in various settings.

Physicians can assess driving-related problems as part of more general medical treatment and care (e.g., see Wang, Kosinski, Schwartzberg, et al., 2003), with early identification of declines in abilities providing an opportunity to recommend compensatory or remedial action (e.g., vehicle adaptations, driver training, modified drug therapy regimens, or fitness training). The complexities of multiple chronic medical conditions and multiple medications common in older patients often make the decisions about driving for these people extremely difficult for physicians (Dobbs, Triscott, & McCracken, 2004; McCracken, Triscott, & Dobbs, 2001). In these cases, referral for an objective driving assessment can be especially helpful (Dobbs et al., 2004).

Other health professionals, such as occupational therapists or driving rehabilitation specialists, also can help a segment of older drivers (e.g., those drivers whose declines are remedial) , once declines have been identified, by assessing whether a return to driving is possible through training and rehabilitation, and by determining what specific remedial activities should be undertaken. Self-screening can be useful in providing cognitively capable older drivers with information about driving-related declines so that they can make more informed decisions about driving, and facilitating discussions between older drivers and their families about driving-related concerns (e.g., see Eby, Molnar, Shope, Vivoda, & Fordyce, 2000, 2003). Self-screening is likely to be ineffective in individuals with a cognitive impairment due to impaired insight. Collectively, the various types of screening and assessment contribute to a comprehensive, multifaceted approach for identifying older drivers who may be at risk.

A number of screening and assessment efforts to identify functional impairments have shown promise – a few are highlighted here. The Driving Decisions Workbook is a self-screening instrument intended increase older drivers' self-awareness and general knowledge about driving-related declines in abilities, and to make recommendations about driving compensation and remediation strategies that could extend safe driving, as well as further assessment that might be

needed (see Eby & Molnar, 2001; Eby, et al., 2000, 2003). Development of the workbook was based on a comprehensive review of the literature on older drivers, a series of focus groups with older drivers and the adult children of older drivers, and a panel of experts on older driver abilities and evaluation. In preliminary testing, the workbook was found to correlate with an on-road driving test and several functional tests that are also included in the Model Driver Screening and Evaluation Program. The workbook also appeared to reinforce what older drivers already knew about age-related declines, help them discover changes they had not been aware of before, and lead to, at the very least, stated intentions to make changes in driving or to seek further evaluation.

A recently completed pilot test of the Model Driver Screening and Evaluation Program, carried out over several years on more than 2,500 drivers, was found to yield scientifically valid predictions about the risk of driving impairment (see Staplin & Lococo, 2003; Staplin, et al., 2003a, b). The program is intended to keep people driving safely longer, while protecting the public through early identification of gross functional impairments related to vision, cognition, and physical movement. It also focuses on how older drivers can initially be identified for functional testing, as well as on education and outreach efforts, referrals for remediation, and counseling to help older people maintain community mobility if they can no longer drive.

The recently published Physician's Guide to Assessing and Counseling Older Drivers is intended to help physicians and other health professionals in assessing the driving-related abilities of their older patients (see Wang, et al., 2003). It was developed based on the scientific literature and views of experts, and is currently undergoing field evaluation. The guide includes a battery of tests to assess key areas of function, and provides information on a number of topics (e.g., how to counsel drivers who should no longer be driving, physician's legal and ethical responsibilities; licensing requirements and renewal procedures), and includes a reference list of medical conditions and medicines that may impair driving skills and consensus recommendations for each one regarding driving restrictions.

The DriveABLE driving assessment, offered through DriveABLE Assessment Centres Inc. in a number of jurisdictions in the US and Canada, was developed to evaluate the driving competence of drivers with medical conditions and/or medications that can impair the ability to drive safely (Dobbs, 1997; Dobbs, Heller, & Schopflocher, 1998). An in-car evaluation, using a dual-brake vehicle, serves as the core of the assessment with all aspects (scoring, test route, performance criterion) scientifically based. Driving problems associated with declining competence are differentiated from bad habit driving errors made by competent drivers to identify unsafe drivers *and* protect the driving privileges of competent drivers. Development and validation of the assessment was based on over 1,000 healthy normal drivers and patients with clinically confirmed medical conditions. Several thousand drivers now form the data base. Because the road tests are given on public roads and some medically impaired drivers are very dangerous, an in-office assessment tool was also developed and validated to have 95% accuracy in identifying the most dangerous drivers.

Policy Recommendation 2: Support efforts to develop and scientifically evaluate programs to help older drivers maintain safe driving through education, remediation of functional impairments, and driving restrictions.

Most older drivers will eventually be faced with questions about their ability to continue to drive safely. How they answer these questions and even whether they are willing to consider them depends to a great extent on the information available to them about age-related declines in

abilities that can affect driving, strategies for compensating for, or overcoming, these declines, and how to plan for a time when driving is no longer possible.

One focus of many education programs is simply to increase older drivers' awareness and knowledge about declining abilities. Other programs combine education with some type of training to help older drivers compensate for, or when possible, to overcome age-related declines. Unfortunately, little is known about the impact of driver refresher courses and on-road driver training on actual crash risk, although these efforts may help older drivers overcome problems related to lack of knowledge, and thus be of some value in enhancing elderly community mobility.

Various types of fitness training programs seek to help older drivers overcome declines in psychomotor abilities that have been found to be amenable to remediation (e.g., shoulder flexibility and trunk rotation). Improving range of motion can help older drivers do a better job of scanning the rear, backing up, and turning their head to check blind spots, while they are driving (Ostrow, Shaffron, & McPherson, 1992). There have also been efforts to train older drivers to overcome some deficits in attention and information processing, e.g., relative to useful field of view, although these initiatives are still in the early stages (see e.g., Roenker, Cissell, Ball, Wadley, Edwards, 2003).

Policy Recommendation 3: Support efforts to develop and scientifically evaluate alternatives to driving that are available, accessible, acceptable, adaptable, and affordable to older drivers, building on existing models that have shown promise for enhancing community mobility.

People who are no longer able to drive must still be able to meet their transportation needs in order to maintain community mobility. This can be especially challenging for older drivers, given the increasing trend for people to age in place, where they may have fewer transportation resources available to them than if they sought out more transportation-friendly retirement areas (e.g., see Coughlin & Lacombe, 1997, US Department of Transportation, 1997). Unfortunately, few people plan for the time when they will no longer be able to drive. When the time comes, they often rely on friends and relatives to drive them. For many older drivers however, the availability and willingness of family and friends has become increasingly constrained by trends toward smaller family size, higher divorce rates, and more women in the workplace (US Department of Transportation, 1997).

Public transportation is often not available or simply not used by older people – public transportation accounts for less than 3 percent of trips by older people (Federal Highway Administration, 1997). To some extent, this is because many of the same deficits in abilities that are problematic for driving also discourage the use of public bus services (e.g., difficulty walking to the bus stop, waiting for the bus to arrive, climbing aboard, standing if no seats are available, and knowing when to get off at their stop). Other reasons for not using public transportation include safety concerns, lack of knowledge regarding use, inability to pay the costs, being fearful of getting lost, and inconvenience (Beverly Foundation, 2004).

Improving the availability, accessibility, acceptability, adaptability, and affordability of alternative transportation services can go a long way toward preserving the community mobility of older people. One promising group of alternative transportation programs, often called supplemental transportation program (STPs), provide flexible and highly responsive services to meet individual needs (e.g., Gadabout Transportation Services, Inc., Gold Country Telecare, Inc., Independent Transportation Network, Lauderhill Transportation Program, Ride Connection, Inc.,

Transportation Reimbursement and Information Program). While these programs vary considerably in term of location, organization, and services offered, the common theme is that they provide options that allow older people to stop driving without losing their community mobility. A more general practice that can foster coordination and collaboration among alternative transportation services is the use of mobility management. A small but growing number of local transportation agencies have become mobility managers – that is, they go beyond the traditional mission of transit by brokering, facilitating, encouraging, coordinating, and managing both traditional and nontraditional (e.g., volunteer and community-based) services to expand the array of alternative transportation options available to the community (e.g., Tri-County Metropolitan Transportation District of Oregon, Tri-Met).

Loss of driving privileges often has negative consequences that extend beyond the affected individual: often impacting on other family members. A new approach to easing the transition for ex-drivers and families uses parallel support groups (one for the ex-driver, one for the care giver) that were designed specifically to target the driving issue and compared the outcome against the effectiveness of a conventional support approach (Dobbs et al., 2003). Results of the two year investigation indicate the effectiveness of the new intervention techniques in assisting the individual and his/her caregiver in coping with the loss of driving privileges.

References

Beverly Foundation. (2004). *Innovations for Seniors: Public and Community Transit Services Respond to Special Needs*. Pasadena, CA: The Beverly Foundation.

Carp, F.M. (1988). Significance of mobility for the well-being of the elderly. *In Transportation in an Aging Society: Improving Mobility and Safety of Older Persons, Volume 2*. Washington, DC: National Academy Press.

Coughlin, J.F. & Lacombe, A. (1997). Ten myths about transportation for the elderly. *Transportation Quarterly*, 51, 91-100.

Dobbs, B.M., Dautovich, N.D., Dobbs, A., Harper, L., Larabie, C., Wood, A., Bonli, R., Triscott, J., & Juby, A. (2003). Dementia and driving cessation: Preliminary results of group interventions for individuals with a dementia and their caregivers. *Paper presentation at the 32nd Annual Scientific and Educational Meeting of the Canadian Association on Gerontology, November, 2003*, Toronto, Ontario.

Dobbs, A.R., Triscott, J.A.C,, McCracken, P.N. (2004). Considerations for Assessment of Medical Competence to Drive in Older Patients. *Geriatrics and Aging, 7*, 42-46.

Dobbs, A.R. (1997). Evaluating the driving competence of dementia patients. *Alzheimer Disease and Associated Disorders, 11(suppl.1)*, 8-12.

Dobbs, A.R., Heller, R.B., & Schopflocher, D. (1998). A comparative approach to identify unsafe older drivers. *Accident Analysis and Prevention: Special Issue on Older Road Users*, 30(3), 363-370.

Eby, D.W. & Molnar, L.J. (2001). Older drivers: Validating a self-assessment instrument with clinical measures and actual driving, *The Gerontologist*, 41, 370.

Eby, D.W., Shope, J.T., Molnar, L.J., Vivoda, J.M., & Fordyce, T.A. (2000). *Improvement of Older Driver Safety Through Self-Evaluation: The Development of a Self-Evaluation Instrument.* (Report No. UMTRI-2000-04). Ann Arbor, MI: University of Michigan Transportation Research Institute.

Eby, D.W., Molnar, L.J., Shope, J.T., Vivoda, J.M., & Fordyce, T.A. (2003). Improving older driver knowledge and awareness through self-assessment: The Driving Decisions Workbook. *Journal of Safety Research*, 34, 371-381.

Federal Highway Administration. (1997). *1995 Nationwide Personal Transportation Survey Data Files* Report No. FHWA PL-97-034. Washington DC: US Department of Transportation.

Hakamies-Blomqvist, L.; Peters, P. (2000). Recent European research on older drivers. *Accident Analysis and Prevention*, 32(4), 601-607.

Janke, M.K. (2001). Assessing older drivers: two studies, *Journal of Safety Research*, 32, 43-74.

Kaplan, G.A. (1995). Where do shared pathways lead? Some reflections on a research agenda. *Psychosomatic Medicine, 57*, 208-212.

Langford, J., Fitzharris, M., Koppel, S., & Newstead, S. (2004). Effectiveness of mandatory license testing for older drivers in reducing crash risk among urban older Australian drivers. *Traffic Injury Prevention*, 5(4), 326-335.

Langford, J., Fitzharris, M., Newstead, S., & Koppel, S. (2004). Some consequences of different older driver licensing procedures in Australia. *Accident Analysis and Prevention*, 36, 993-1001.

Li, G., Braver, E. R., Chen, L. -H. (2003). Fragility versus excessive crash involvement as determinants of high death rates per vehicle-mile of travel among older drivers. *Accident Analysis and Prevention*, 35(2), 227-235.

Marottoli, R.A., Mendes de Leon, C.F., Glass, TA, Williams, Cooney Jr., L.M., Berkman, L.F., & Tinetti, M.E. (1997). Driving cessation and increased depressive symptoms: prospective evidence from the New Haven EPESE (Established Populations fro Epidmiologic Studies of the Elderly). *Journal of the American Geriatrics Society*, 45(2), 202-206.

Massie, D.L. & Campbell, K.L. (1993). *Analysis of Accident Rates by Age, Gender, and Time of Day Based on the 1990 Nationwide Personal Transportation Survey*. (Report No. UMTRI-93-7). Ann Arbor, MI: University of Michigan Transportation Research Institute.

McCracken, P.N., Triscott, J.A.C, & Dobbs, A.R. (2001). Driving with Dementia. *The Canadian Alzheimer Disease Review*, December, 14-20.

McKenzie, D. & Peck, R. (1998). Revised Teen & Senior Facts Report Confirms Previous Trends. *Research Notes, Spring 1998.* Sacramento, CA: Department of Motor Vehicles.

National Highway Traffic Safety Administration (2000). *Traffic Safety Facts 1999: Older Population*. (Report No. DOT-HS-808-091). Washington, DC: US Department of Transportation.

Ostrow, A.C., Shaffron, P., & McPherson, K. (1992). The effects of a joint range-of-motion physical fitness training program on the automobile driving skills of older adults. *Journal of Safety Research*, 23: 207-219.

Ragland, DR, Satariano, WA, MacLeod, KE. (2004). Reasons given by older people for limitation or avoidance of driving. *The Gerontologist*, 44(2),237-244.

Roenker, D. L., Cissell, G. M., Ball, K. K., Wadley, V. G., & Edwards, J. D. (2003). Speed-of-processing and driving simulator training result in improved driving performance. *Human Factors*, 45(2), 218-233. Staplin, L. Gish, K.W., & Wanger, E.K. (2003). MaryPODS revisited: Updated crash analysis and implications for screening program implementation. *Journal of Safety Research*, 34, 389-397.

Staplin, L. & Lococo, K.H. (2003). *Model Driver Screening and Evaluation Program, Final Technical Report, Volume III, Guidelines for Motor Vehicle Administrators*. [Electronic Version] (Report No. DOT HS 809 581). Washington DC: U.S. Department of Transportation.

Staplin, L., Lococo, K.H., Gish, K.W., & Decina, L.E. (2003a). Model Driver Screening and Evaluation Program, Final Technical Report,Volume I: Project Summary and Model Program Recommendations. [Electronic Version] (Report No. DOT HS 809 582). Washington, DC: U.S. Department of Transportation.

Staplin, L., Lococo, K.H., Gish, K.W., & Decina, L.E. (2003b). *Model Driver Screening and Evaluation Program, Final Technical Report, Volume II: Maryland Pilot Older Driver Study.* [Electronic Version] (Report No. DOT HS 809 583). Washington, DC: U.S. Department of Transportation.

Staplin, L., Lococo, K. H., Stewart, J., & Decina, L. E. (1999). *Safe Mobility for Older People: Notebook.* Report No. DOT HS 808 853. Washington, DC: National Highway Traffic Safety Administration.

Transportation Research Board. (1988). *Transportation in an Aging Society: Improving Mobility and Safety for Older Persons, Volume One*. Washington, DC: National Academy Press.

Transportation Research Board. Transportation in an aging society: A decade of experience. *Transportation Research Board Conference Proceedings 27*. Washington DC.

US Department of Transportation. (1997). *Improving Transportation for a Maturing Society*. Report DOT-P10-07-01. Washington, DC: Office of the Assistant Secretary for Transportation Policy.

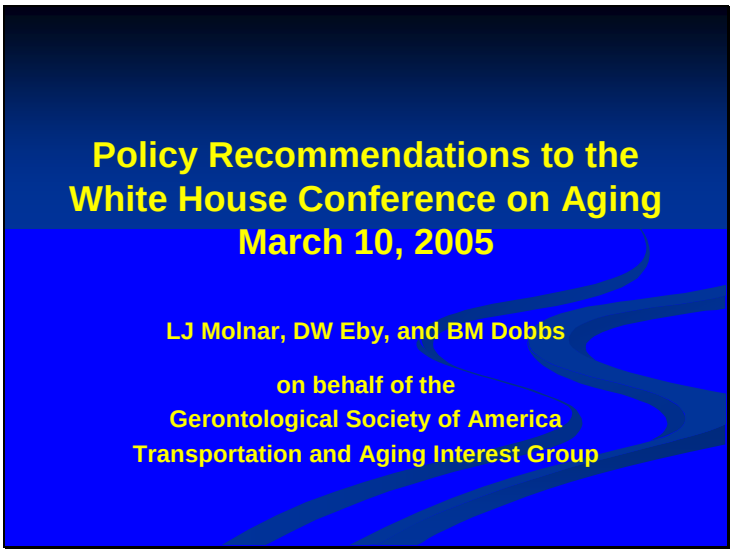
US Census Bureau. (2004). Population Division. Population Projections Branch. Accessed February 16, 2004 at: http://www.census.gov/population/www/projections/popproj.html.

Wang, C.C., Kosinski, C.J., Schwartzberg, J.G., & Shanklin, A.V. (2003). *Physicians Guide to Assessing and Counseling Older Drivers*. [Electronic Version] Chicago, IL: American Medical Association.

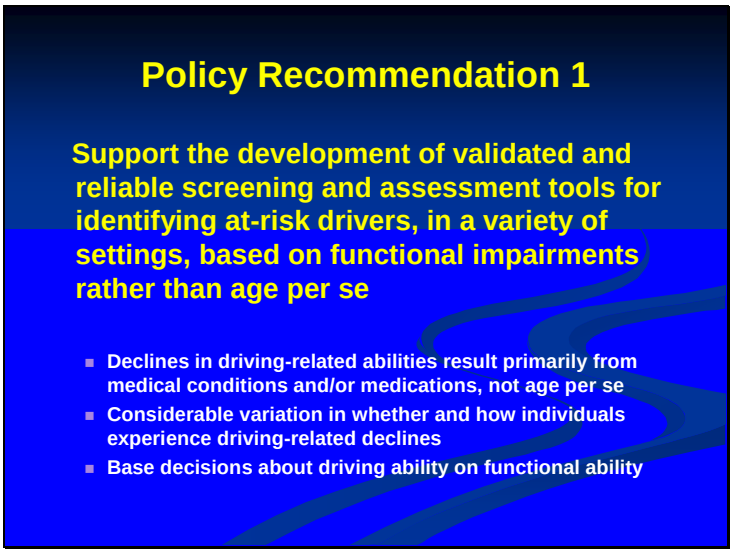
[1] University of Michigan Transportation Research Institute, 2901 Baxter Rd., Ann Arbor, MI 48109-2150
[2] University of Alberta, 3-62 Corbett Hall, Edmonton, Alberta, Canada, T6G 2G4

Gerontological Society of America, Transportation and Aging Interest Group, Policy Recommendations Presentation

Slide 1



Slide 2



Slide 3

Slide 4

Loren Staplin, Transanalytics

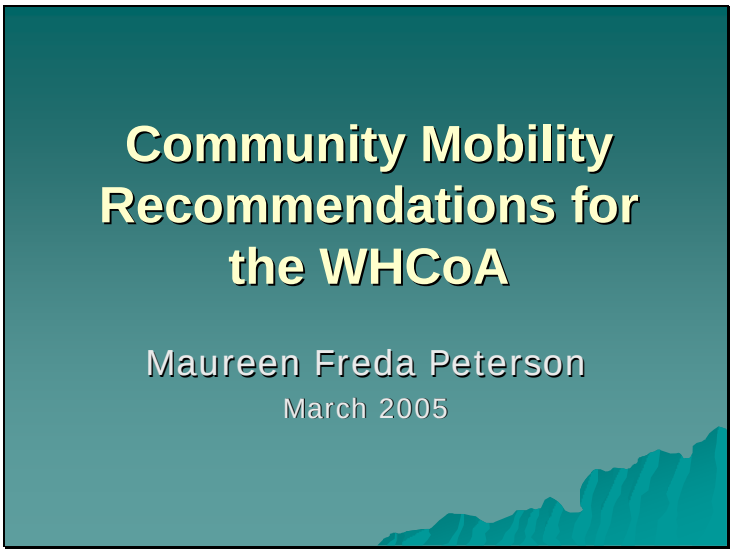
1) Adopt policies promoting the distribution of tools that can be demonstrated to facilitate discussion between older individuals, their family members, and their health care providers about 'fitness to drive' issues.

2) Apply integrated, cost-effective solutions to help seniors remain safely behind the wheel by jointly implementing *a)* infrastructure improvements for 'senior-friendly' design, together with *b)* licensing reform that limits exposure for the most at-risk individuals -- these complementary strategies should be tied together by policy that balances individual and public health concerns.

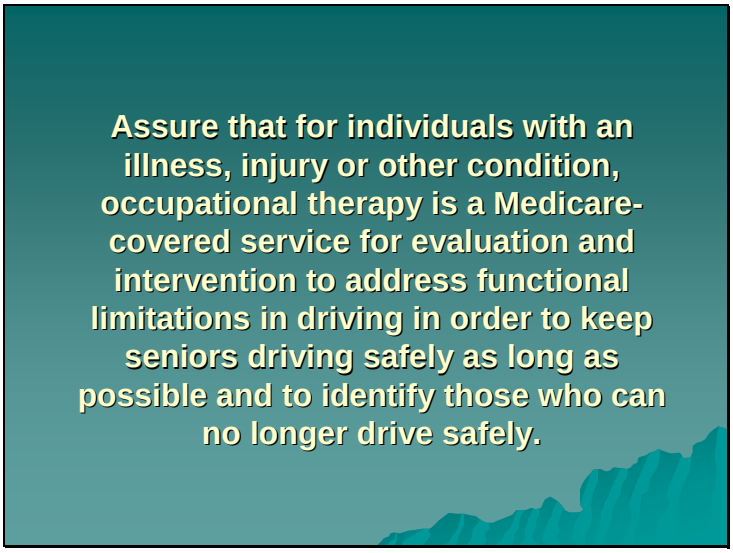
American Occupational Therapy Association Presentation

Slide 1

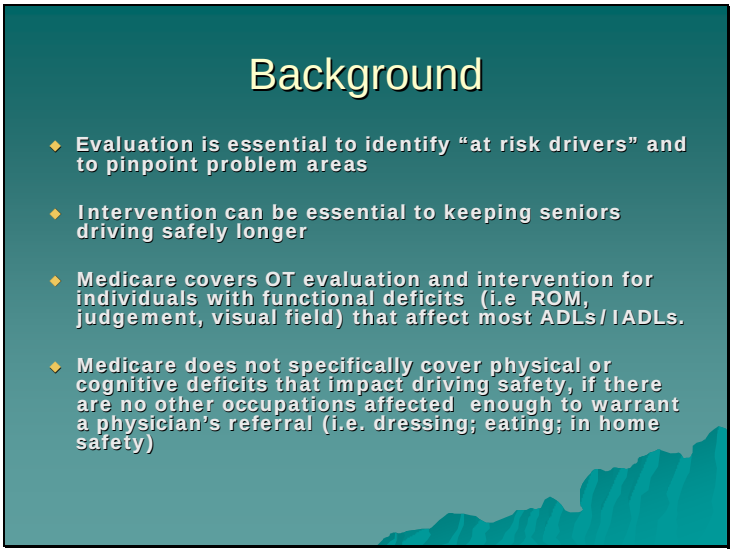
Slide 2



Slide 3



Slide 4



Slide 5

Conclusion

- OTs have the specialized knowledge and skills necessary to serve this population.
- This is a serious gap in policy.
- Society and beneficiaries are best served by the inclusion of driver evaluation and intervention by OTs as a covered service

Slide 6

Promote the use of occupational therapy for assisting older individuals to access appropriate community based transportation as they transition from driver to non driver in order to maintain their ability to fully participate in their community

Slide 7

OT Role in Transition

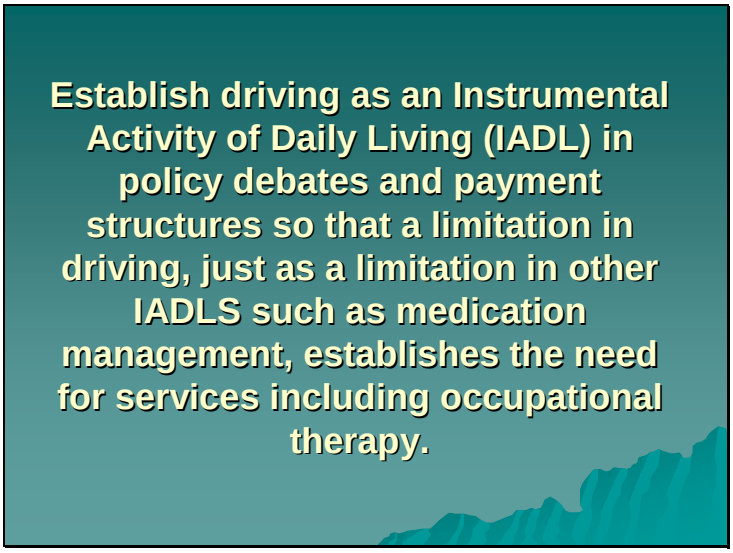
- **Mobility is "at risk" when requirements for mobility exceed abilities**
  - **Distance to walk to bus stop, high step up**
  - **visual acuity / discrimination to see the signs and curbs**
  - **cognition to process and understand schedules, transfers, sequence for returning home**
- **OT can assist with matching strengths and abilities to transportation options**

Slide 8

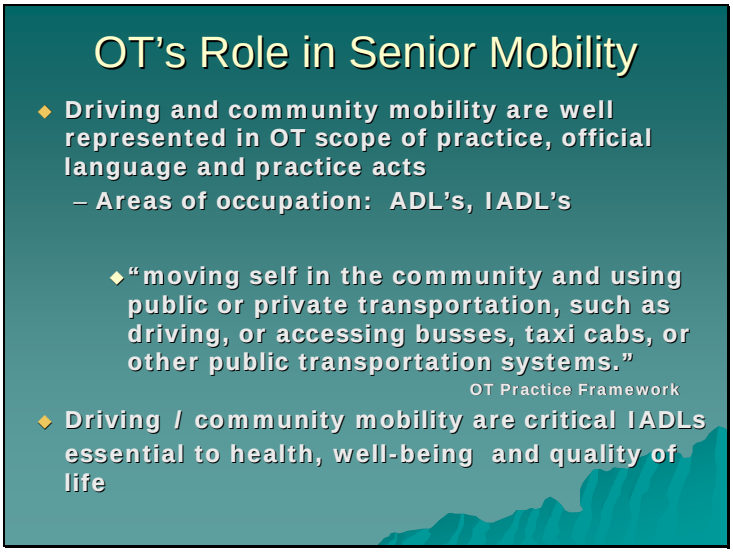
OT Role in Transition

- **Occupational therapists are skilled in "life-style re-design" as driver *transitions* to non driver**
  - **What does the senior *need and want to do?***
  - **How can seniors remain engaged in meaningful occupations as they transition?**
  - **What are the community options?**

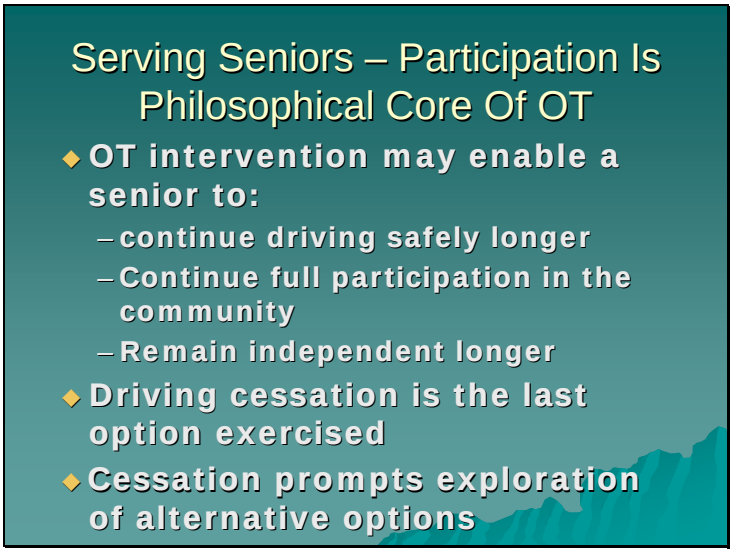
Slide 9



Slide 10



Slide 11


Serving Seniors – Participation Is Philosophical Core Of OT
OT intervention may enable a senior to:
continue driving safely longer
Continue full participation in the community
Remain independent longer
Driving cessation is the last option exercised
Cessation prompts exploration of alternative options

White House Conference on Aging
ASA/NCOA Listening Conference
3/10/05
Association for Driver Rehabilitation Specialists (ADED)
Statement

Driver Rehabilitation is an essential solution for Older Drivers. The senior can receive a comprehensive assessment of the physical, visual and cognitive skills required of safe driving. This includes an evaluation of their performance as they operate a motor vehicle on the road. Often the assessment is conducted in the senior's local community, on roadways familiar to them.

The mission of driver rehabilitation is to empower people to drive safely, and for as long as possible. To this end the value of adaptive equipment is assessed. This may include wide angle mirrors, anti-glare visors, and seat belt extensions. Individuals who have more significant physical limitations are provided the additional options of hand controls, a left foot gas pedal, or steering knobs. Training is provided in the safe use of the mobility equipment, or to improve a person's driving techniques. Strategies are developed to compensate for the subtle changes in physical and visual skills associated with the normal aging process. If an individual can no longer drive safely, the person is directed to resources for alternative transportation.

The Association for Driver Rehabilitation Specialists (ADED) is a multi-disciplinary organization. Practitioners from occupational therapy as well as other allied health fields join with professionals from traffic safety and driver education. They share skills to provide optimal services for drivers of all ages. Many driver rehabilitation services employ both health professionals, such as occupational therapists, as well driver educators in a team approach. Professionals who meet set criteria as well as pass a standardized exam can earn a certification as a driver rehabilitation specialist (CDRS).

#1 Develop an Information, Referral and Data Collection Network to enable seniors to access community resources.

The driving senior, their spouses or partners, family members, allied health practitioners, and interested parties need to have a ready awareness of resources in the community for driving assessment, driver's training, and community mobility options. The public expects these services to be available from the exposure of television and radio media, as well as extensive articles, editorials and letters to the editor in daily and weekly newspapers.

The senior driver and their support systems require a user-friendly and readily available information and referral network.

Telephone Accessibility

A nation-wide 1-800 number, with a database that collects and collates information, is needed for an understanding of the inquiries, the patterns, and similarities and uniqueness of each inquiry. Professional call center personnel must be trained to develop rapport and to perform needs analysis. They require the ability to narrow the inquiry and guide the caller to particular resources in a regional setting.

Web Accessibility

A web site is needed that targets the non-senior driver, with a "pop up menu" of specific resources available and with answers to frequently asked questions. The web site will also offer the 1-800 number for more personalized service.

In-person Accessibility

A brochure with a "Summary of Services" for the Older Driver is needed for in-person contact. This is an excellent opportunity to offer information in medical doctors and other health professional's offices, senior centers, libraries, grocery stores, and driver licensing agencies. The brochure allows seniors or family members to analyze and determine resources. With the addition of the 1-800 number and Web access a wealth of information will be available in a non-punitive, confidential presentation.

The 1-800 number, web site and brochure all will offer contact with local or regional community service, possibly via existing Senior Centers or through the proposed Senior *Transportation Assistance Center.*

Definitive Criteria

The call center would have the following policy framework:

1. The center staff and referral agencies to be anonymous, non-judgmental, and non-punitive to assuage the concerns of callers. No direct referral to a DMV center is made.
2. An educational/proactive, rather than a crisis/aggressive intervention approach is envisioned
3. Information would be collected anonymously, while data base collection will involve town or city, types of driving habits, why the need for driving (community mobility issues), alternate avenues of transportation considered, whether used, or not, and why not. Details regarding the positive and negative features of the vehicles driven could be collected. Questioning would also gather insight to the senior's frustration with road design in their locale (not enough advance green lights, need for larger stop signs and larger traffic control devices, less multiple roadway signs, and better lighting). These outcome measures could be used to determine future refinement to service delivery, vehicle design, and community infrastructure.

4. The needs analysis aid the senior to develop a budget model using a comparative chart on the financial implications of driving vs. using alternative transportation. This is critical to empower the senior to develop a clear financial rationalization of the benefits of non-driving.

Collection of all input would be fed into regional and national databases to support improvements in senior friendly alternative programs, vehicle and road design policy considerations.

#2 –Increased uniformity of medical reporting procedures and regulations across the driver licensing agencies of the states and provinces.

The proposed Information and Referral Network could serve older drivers far more effectively with a greater homogeneity of regulations for medical reporting, as well as procedures for identification, assessment and remediation efforts for drivers with disabilities.

For example, requirements of visual acuity or continuous field of view can vary widely even in neighboring states. Some individuals arrange to obtain licenses in other states that have less stringent requirements. Many seniors have summer and winter residences in different states, spending the summer months in their original homes, and traveling to southern states for the winter months. A person who received an unfavorable driving evaluation from a driver rehab specialist in the southern state was able to legally retain their license from their home state, as the medical reporting laws differed.

#3 Create assessment and rehabilitation Mobility Management Centers.

To meet the needs of the senior driver and their circle of influence, a comprehensive network of services, with a one-stop shopping experience, is required to ensure coverage of all facets of the issues that challenge older drivers.

These include a basic assessment of physical skills, vision and cognition. An on-road evaluation is critical for an accurate and comprehensive understanding of their capacities, limitations, and potential compensatory strategies. Should the individual need to cease driving, need remedial driver education to retain their skills, or a transition to alternative transportation, the information gathered from the various parts of the assessment will lead to the determination of the best mode of travel either by independent or through alternative means.

Conceptually, the details of the best practice envisioned are the following:

- Utilize a team of 3-5 professionals, from a pool of disciplines including, but not limited to: certified driver rehabilitation specialists, occupational therapy and other allied health professions, driver education, neuropsychologists, social workers, gerontologists, travel trainers, etc.
- Create a client-friendly environment that has an educational and inquiry approach for the senior driver or their advocate.
- Encourage the gradual progression to the utilization of supplemental transportation options to reduce the likelihood that driving is not suddenly removed as the means of travel.
- Developing driver improvement programs specifically designed for the senior and the learning style of the older adult.
- Planning a deliberate withdrawal of driving program using specific motivational aspects that cater to the customized needs of the senior, meshing with the environmental factors available within the senior's residence and life needs.

Mobility of Service Delivery

For rural or small population centers, implement a truly mobile MASH concept team, using regional professionals, local professionals and senior advocates. Set up a consistent schedule to visit senior housing or community centers in all parts of the state

The following are critical elements in the actual process for stationary and traveling centers:

- Develop a saturated advertising program inviting the senior driver to a non-invasive evaluation process and an educational forum in a senior or community center.
- Make the program have a light congenial element, using refreshments, snacks and table conversation.
- Have a AAA, AARP, or similar questionnaire on senior driving concerns available for handouts.
- Ensure there are adequate seniors who have had an orientation program, who can act as empathetic listeners.
- Maintain confidentiality with seniors by setting up a booth for private consultations.
- Provide the option for the senior who wishes to meet at their residence in a private manner in an unmarked vehicle, a consideration that cannot be taken lightly.

Summary

The needs of older drivers are extensive. Their needs require a coordinated effort across multiple professions to position this comprehensive network of services. Driver rehabilitation can be an important aspect of this service delivery model to provide a real-life assessment of an individual's ability to navigate safely in traffic, and to develop compensation via mobility equipment and/or driving strategies to enable to individual to drive as safe as possible for as long as possible. There is a growing opportunity for driver rehabilitation specialists, limited only by resources and personnel.

At the January TRB Listening Conference, it was observed that the problem, as well as the recommended solutions, had not changed significantly in the past 10 years. Perhaps the public is now in a greater state of readiness to accept the legal and procedural changes needed to increase safety for individuals as well as the public at large. News headlines announce crashes, loss of life and property damage caused by unsafe older drivers. These drivers who should have received assessment and assistance have brought the need for these changes to the awareness of the public. The stage has been set for change.

Submitted by:

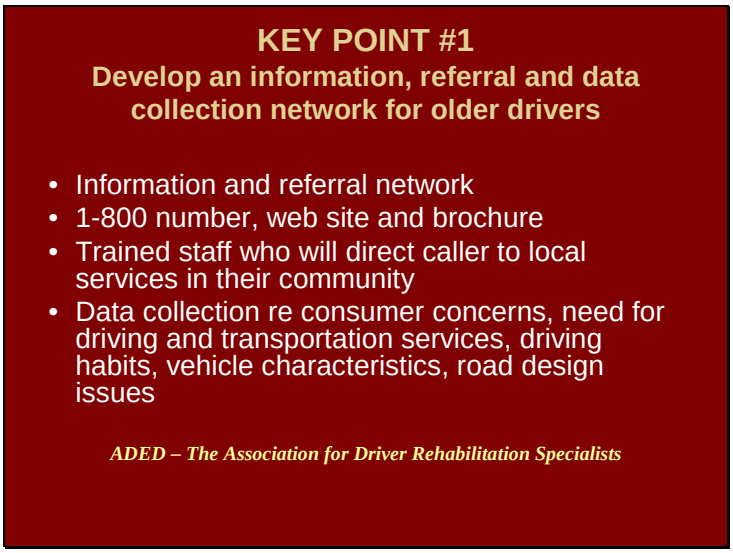
ADED - The Association for Driver Rehabilitation Specialists
711 South Vienna
Ruston, LA 71270
800-290-2344
www.aded.net

3/10/05

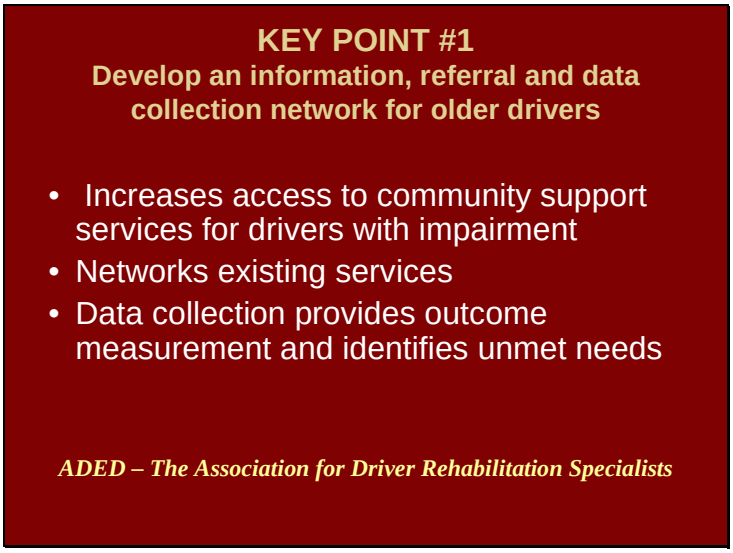
Association for Driver Rehabilitation Specialists (ADED) Presentation

Slide 1

Slide 2



Slide 3



Slide 4

Slide 5

KEY POINT #3
Develop Community Mobility Management Centers

- Provide services in fixed location as well as traveling “MASH” units
- Provide assessment of basic skills required for driving or alternative transportation use
- Provide on-road assessment for drivers
- Provide training in mobility equipment and/or compensatory strategies
- Provide training in alternative transportation use, if needed

ADED – The Association for Driver Rehabilitation Specialists

Slide 6

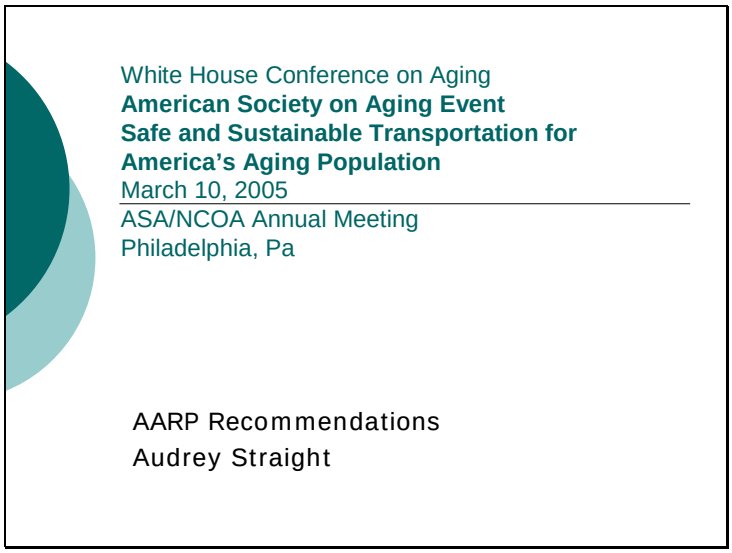
KEY POINT #3
Develop Community Mobility Management Centers

- Coordinates driver rehabilitation and community transportation resources in one location
- Brings services into rural areas
- Provides data collection for outcome measurement and future program development

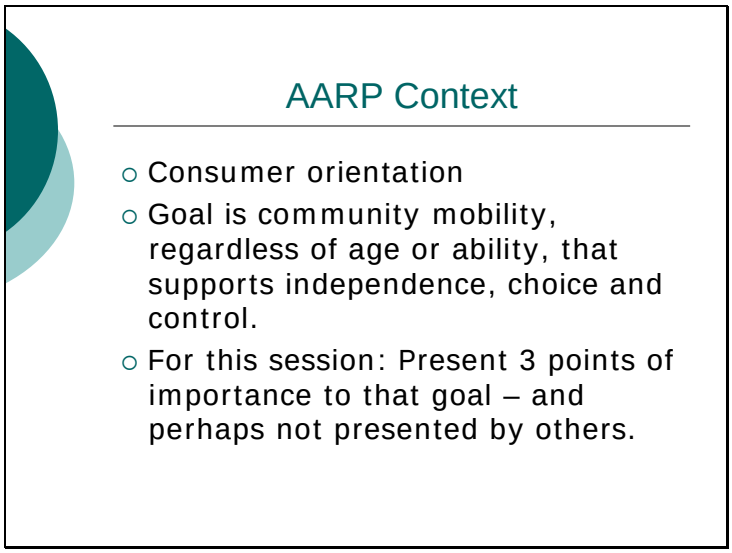
ADED – The Association for Driver Rehabilitation Specialists

AARP Policy Recommendations Presentation

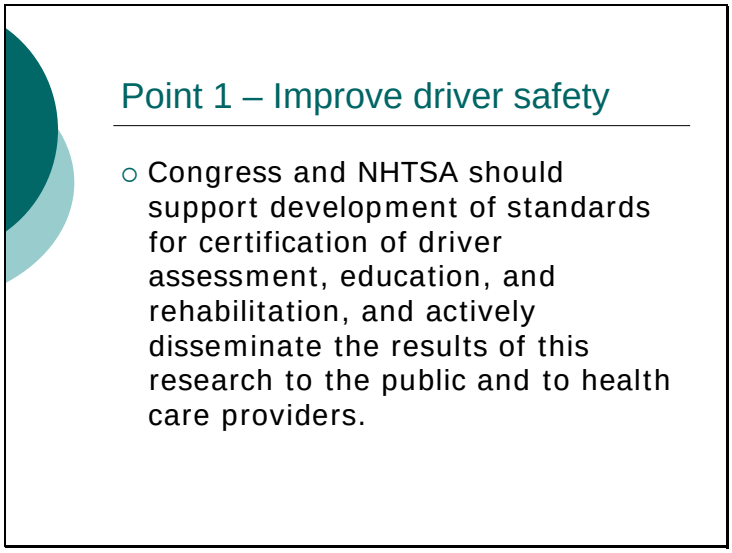
Slide 1



Slide 2

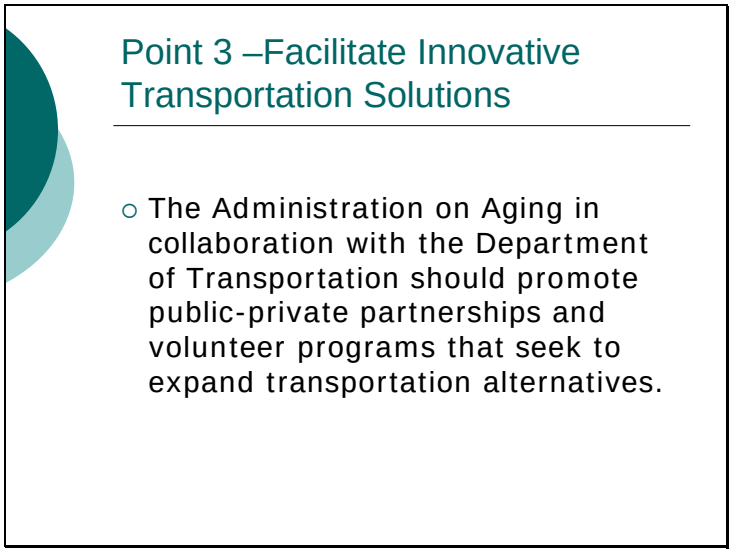


Slide 3



Slide 4

Slide 5


Point 3 –Facilitate Innovative Transportation Solutions
The Administration on Aging in collaboration with the Department of Transportation should promote public-private partnerships and volunteer programs that seek to expand transportation alternatives.

Community Transportation Association of American Society on Aging

- **The primary recommendation of the Community Transportation Association of America is that Medicare fund non-emergency medical transportation.**

Medicare presently authorizes reimbursement for trips made only in ambulances.

The results of this policy are both nonsensical and cruel.

The nonsensical result is that studies estimate that total unnecessary ambulance use in Medicare could well exceed $400 million annually. Permitting community transportation services to provide non-emergency medical transportation would save millions of Medicare dollars.

The cruel result is that older Americans are denied access to preventive health and health improvement services.

- **CTAA also recommends increased federal investment in public transportation for the general population and policies that encourage customer-oriented approach to public transportation.**

- "Senior-friendly" transportation will meet the need of most older persons and will attract more riders from other age groups. "Senior-friendly" transportation includes improved schedule reliability, real-time arrival/departure schedule information, drivers skilled in customer service, routing other than fixed route, more comfortable vehicles, electronic passes; and better coordination between modes so that transfers are easier and more convenient transfers.

- Demand-responsive paratransit (curb-to-curb, door-to-door, door-through-door) is an absolute necessity for frail older persons and older persons with disabilities and we should work for policies to ensure that every older person who needs it that transportation has ready access to it.

- Demand-responsive paratransit, however, is more expensive than general population public and community transportation. We should work for policies and funding that will make general population public and community transportation more available and accessible to older persons.

CTAA recommends that federal, state, and local governments better connect land use and transportation planning – especially in the suburbs—so that residents of all ages have sidewalks on which they can walk safely, and have access to convenient and affordable community transportation

- Older persons who no longer drive or who have cut back on their driving need to have the services and facilities they use close to their homes. Those who live in neighborhoods with higher density are better able to continue driving and to use community and public transportation.

- Older persons are more likely to use community and public transportation if they can safely and easily walk to it. We should encourage the building of streets with sidewalks so that older persons can walk for exercise, walk to nearby destinations, and walk to transportation that connects them to other destinations.

White House Conference on Aging
American Society on Aging Listening Session on Transportation

SAFE AND SUSTAINABLE TRANSPORTATION FOR AMERICA'S AGING POPULATION

Policy recommendations submitted by
Katherine Freund
President and Executive Director, ITN*America*™

Greater than the tread of mighty armies is an idea whose time has come.

Victor Hugo

Summary

This analysis focuses on public policies that address the resources necessary to fund transportation options for older Americans who need to limit or stop driving because of age-related changes. Since the resources currently used to provide adequate mobility for older Americans are overwhelmingly expended privately through the use of the personal automobile, this analysis proposes to steer those resources into a more accessible form for continued private use. To that end, it recommends two kinds of policies: those that create incentives for the use of private resources to meet personal transportation needs; and those that remove barriers to the use of private resources to meet personal transportation needs. This analysis ranks policies according to their impact on the taxpayer, with the most favorable being those that have no impact at all (removing barriers), followed by those that have minimal, then moderate impact. It recommends that private resources designated for transportation options for older Americans be held in personal transportation accounts from which the cost of rides may be deducted.

At the federal level, this analysis recommends that:

- Older Americans be allowed a once-in-a-lifetime tax credit when they trade the equity in their automobile for transportation provided by a public or private non-profit transportation service; and

- Adult children be allowed to help pay for their parents' transportation with pre-tax dollars.

At the state level, this analysis recommends that:

- Individuals who use their automobiles as volunteer drivers be protected from unreasonable increases in their insurance rates (Maine, PL 1995, Ch132, §1); and

- ℘ Charitable, non-profit organizations that accept automobiles from seniors in trade for rides be exempt from automobile dealerships laws (Maine, LD36, 122nd Maine Legislature, unanimous ought to pass, Transportation Committee, 2/10/05).

A Framework for Policy

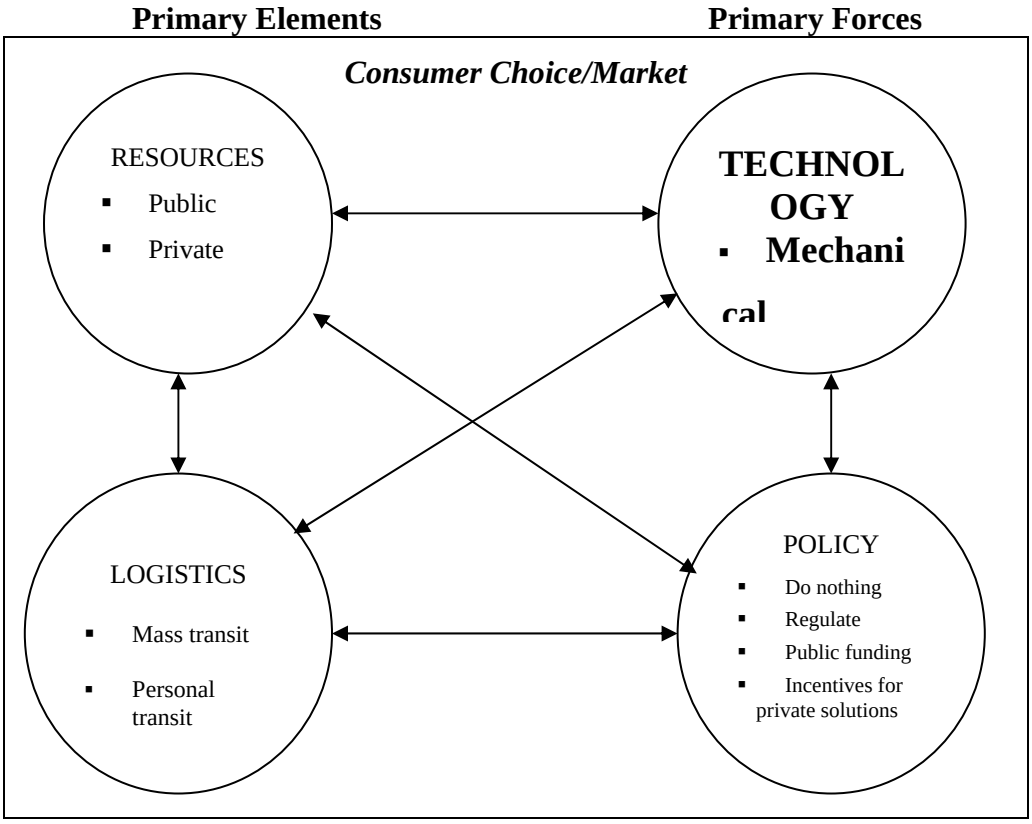
Stating the Problem

Most older Americans depend upon the private automobile for transportation. This dependence poses serious safety and mobility problems for diminished capacity older drivers, who rely on the automobile for access to healthcare, nutrition, family, and the kind of social and civic engagement that provides community and quality of life.

Structuring the Solution

As shown in the diagram below, Basic Components of Transportation, policy exists within a framework that includes *all* of the basic elements and forces of transportation. There is a dynamic interaction among these components, so that a change in one effects a corresponding change in the others.

Basic Components of Transportation



- *Resources*—every solution must be funded, either privately or publicly. Public resources are gathered involuntarily through taxation and they always scarce. They are expended through policy decisions about who will pay and who will benefit. Private resources, both corporate and personal, are expended as consumer choices for goods and services or they are given away as philanthropic or charitable decisions. In the United States, the resources to fund transportation are overwhelmingly private. In 1998, for example, private expenditures for transportation were five times greater than government expenditures for all roads, highways and transit systems. Personal expenditures for transportation in 1998 accounted for $675 billion. At the household level, 17.9 percent of the average household budget was for transportation, second only to housing at 19 percent. Private transportation dollars are spent on automobiles. Of the $6,312 out-of-pocket annual transportation expense for the typical American household, $6,200 was spent purchasing, fueling, insuring and maintaining personal cars and trucks.[1]

- **Logistics—*every ride must be managed and accomplished, either by bringing the person to the vehicle (mass transit) or by bringing the vehicle to the person***

[1] McCann, B. (2001). Driven to spend. Transportation Policy Project www.transact.org/reports/driven/driven.htm.

(personal transit). This is the logistics of transportation. For older Americans who may need some assistance and who live in rural and suburban areas that lack the density for traditional mass transit solutions, it is usually necessary for the vehicle to come to them. This combination of consumer needs not only limits the opportunity for traditional mass transit solutions, where logistical efficiency is achieved when people come together and ride in high occupancy vehicles (i.e. bus and train stations, airports,) it creates a logistically complex and expensive transportation problem.

- **Technology*—of the three kinds of technology—mechanical, energy and information system—it is the latter that holds the promise of the future, through the efficient use of communication and the application of intelligent transportation systems. Any solution that uses existing infrastructure, rather than creating a need for new vehicles and roadways, will also keep costs down. Efficient use of existing infrastructure may be addressed through business management and information system technology.***

- *Policy*—the four classic policy options are: 1) do nothing; 2) regulate; 3) publicly fund the solution; and 4) create incentives for private solutions. The first option must be dismissed for reasons of safety, mobility and social responsibility. The second option, regulation, manifests as assessment, driver screening and licensing policy. An essential part of the solution, regulation helps to address safety issues, as well as the transition from driving to alternative modes. The third option, publicly funding the solution, is the traditional public transportation approach and scarce public resources limit it. As the population ages and the cost of other necessary aging services and entitlements such as Social Security, Medicare, and prescription drug programs increase the taxpayer burden, the public resources available for senior transportation will become increasingly scarce, leading to transportation rationing and subsistence level funding. Indeed, such hardship already exists, and even increased public funding in the next decade is not likely to be sufficient to maintain quality of life for the nation's aging population. The fourth policy option, creating incentives for privately funded solutions, is an open field of opportunity. This approach to public policy has long existed in other planning areas, such as retirement planning, where individual retirement accounts (IRA's) and 401K's supplement publicly funded solutions, such as Social Security.

A Framework for Incentives for Private Solutions

Table I establishes a framework for considering policy incentives for private solutions. Along the left side of the table, policies are ranked according to their impact on the taxpayer. The most favorable policies remove barriers to the use of private resources and cost the taxpayer nothing (4). Policies with a minimal impact are next (3), followed by moderate (2), then maximum impact (1). Segments of society for whom policy incentives might provide the motivation to use private resources to fund senior transit are

arranged horizontally across the top of the chart. These include seniors themselves (A), adult children, families and caregivers (B), businesses and organizations (C), and volunteers (D).

Underlying this approach to resources and policy are three assumptions. First, resources may take many forms, such as private automobiles, volunteer labor, or cash, to name a few. Second, resources must be held in an appropriately accessible form to be useful. Third, policy can provide incentives to guide these private resources into position to be useful.

Since most of the resources currently expended for senior transportation are overwhelmingly private, policy incentives that guide these private transportation resources into an accessible place will enable consumers to continue to fund their own mobility needs. For seniors, the largest transportation asset is the private automobile. When older people can no longer drive, they lose not only their mode, they lose the mechanism that holds the economic resources to fund the solution. In other words, their largest transportation asset is in a form inappropriate to their needs. Older people who stop driving typically give their vehicle away, since they can no longer trade it for another automobile and they are uncomfortable placing an ad in the newspaper and showing the vehicle to strangers who come to their home. Often a family member, a child or a grandchild, is waiting for Grandma's car.

Table I: Policies that Create Incentives for the Use of Private Resources to Fund Personal Transportation Accounts for Seniors, Ranked by Impact to Taxpayers (Policies in shaded area)

POLICY TYPE & IMPACT		PARTIES MOTIVATED TO PARTICIPATE			
		A) Seniors	B) Adult Children, Families & Caregivers	C) Businesses & Organizations	D) Volunteers
1) Maximum Impact	Publicly funded program	Public transportation (numerous federal, state & local policies)			
2) Moderate impact	Tax Credit		Paying for parents' rides with pre-tax dollars (proposed)		
3) Minimal Impact	Tax Expenditure	Once in a lifetime tax deduction for car trade (proposed)			
4) No	Remove			Exemption from	Insurance

impact	barriers			car dealership laws for non-profit senior transit (Maine, LD36, 122nd Maine Legislature, unanimous ought to pass, Transportation Committee, 2/10/05)	companies may not raise rates for volunteer drivers (Maine, PL 1995, Ch132, §1)

A proposed federal policy incentive designed to address this problem is a "once in a lifetime" tax deduction for older people who use the equity in their personal automobiles to establish personal transportation accounts to pay for their own mobility needs (3A). The tax deduction is the incentive; the equity in the vehicle is the resource. Adult children who are worried about their parents' safety and mobility may be more inclined to help pay for their parents' transportation if they are permitted to do so with pre-tax dollars (2B). This proposed federal policy has a moderate impact on the taxpayer, but it has the benefits of supporting families and accessing private resources. Like the tax deduction for car trade, it has less impact than programs that are purely funded with public resources.

The most attractive policies are those that simply remove barriers to the use of private resources. Two policies in the State of Maine provide useful examples. It is common knowledge in the non-profit world of senior transit that fear of escalating automobile insurance rates is the largest single barrier to recruiting new volunteers. Since 1995, Maine has had a law that prohibits insurance companies form unfairly raising the insurance rates of individuals who use their private vehicles to volunteer (Maine, PL 1995, Ch132, §1). This policy costs the Maine taxpayer nothing and removes a substantial barrier to gaining new volunteer drivers. Volunteers are a prime example of a scarce and valuable resource in senior transportation—labor.

A bill currently before the Maine legislature, An Act to Promote Access to Transportation for Seniors (LD36), is another example of a policy that removes a barrier to the use of private resources. LD36 creates an exemption from automobile dealership laws for non-profit organizations that provide transportation for seniors and accept their no longer used automobiles in trade for rides. It allows those non-profit senior transit services to sell the vehicles without being classified and regulated as an automobile dealership. This policy also costs the Maine Taxpayer nothing and it clears the way for older people to use their own automobiles to pay for their own rides, even when they can no longer drive the vehicle. It has the considerable additional benefit of providing useful vehicles for non-profit senior transit organizations, so the vehicles of some seniors actually help to serve the needs of many others, as well. All at no cost to the taxpayer.

Personal Transportation Accounts

Planners and policy makers have long recognized the need for people to plan for mobility needs beyond the driving years. Often referred to as "retiring from driving," it is an idea without a home. Personal transportation accounts created by policies that create incentives for people to set aside private resources to pay for their own transportation needs may be a major step forward for this concept. Since women outlive the decision to stop driving by more than a decade and men by almost seven years, there is a pressing need for this kind of personal transportation planning.[2]

The loss of the private automobile for older people is more than the loss of a transportation option. It is the loss of independence and choice, the freedom to make personal decisions about mobility. The consumer independence of a personal transportation account will help to replace that loss by providing at least a part of the solution, the dedicated means to pay for service. A personal transportation account is different than just having money in a bank account. It is, instead, more like a car, because it is an asset dedicated to mobility. Funded with equity from a former personal vehicle, payments from adult children, or even personal resources set aside for retirement from driving, a personal transportation account could be used to pay for public transit, paratransit, or local volunteer transit service.

Conclusion

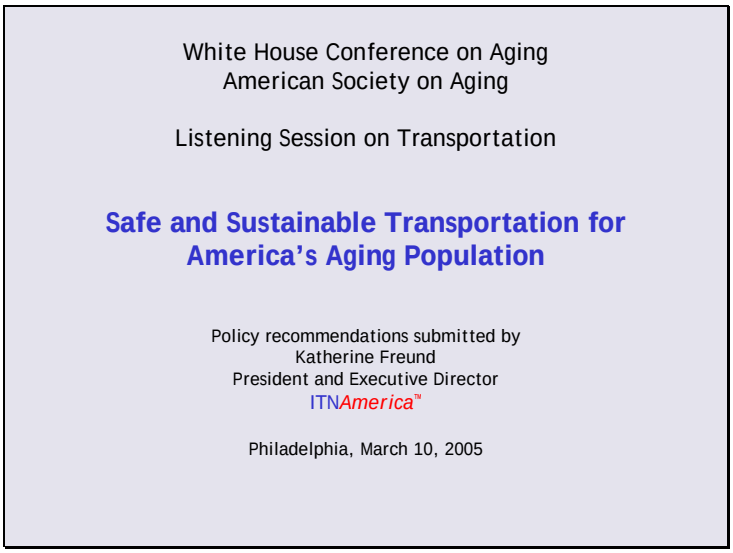
This paper presents a framework and options for considering policy incentives for private funding solutions for senior transportation. It is an approach and a beginning. There is a great tendency to structure problems as dichotomies, then choose one right solution. So it is with the funding for senior transportation alternatives: Should the funding be public or private? As is so often the case when problems are structured as either/or choices, the best answer is actually "both." While public resources are an essential part of the funding solution, private resources are the larger, untapped pot of gold. When guided into place through policy and expended as consumer choices from personal transportation accounts, private resources have the capacity to infuse the senior transit world with billions of dollars. With less impact to the taxpayer and more control for the consumer than other policy alternatives, incentives for private solutions can fuel transportation options for today's seniors and the baby boomers who will follow them soon.

---

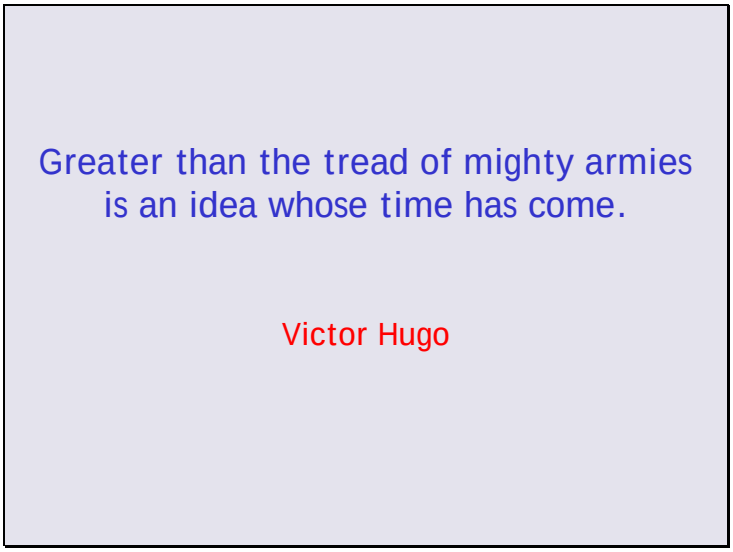
[2] Foley, et al. Driving Life Expectancy of Persons Aged 70 Years and Older in the United States. U.S. Economic Research Service. American Journal of Public Health, vol. 92, No. 8, pp 1284-1289, Aug. 2002.

ITNAmerica Policy Recommendations Presentation

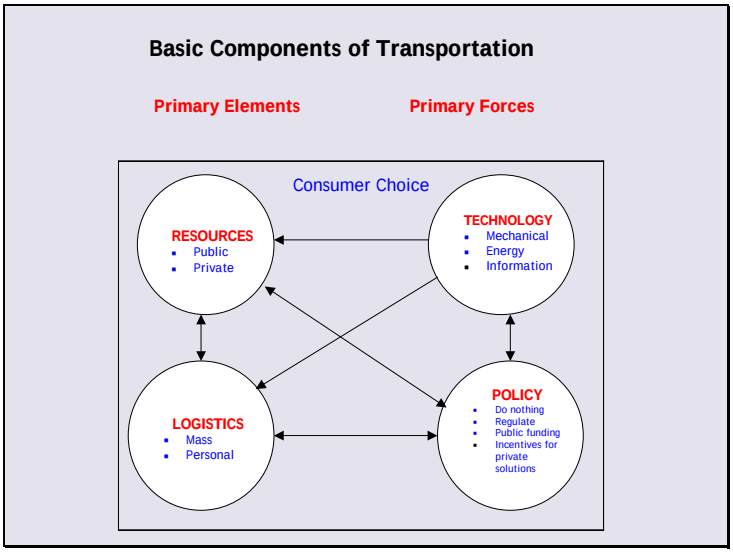
Slide 1



Slide 2



Slide 3



Slide 4

Underlying Assumptions about Resources

- Resources may take many forms—automobiles, volunteer labor, gifts-in-kind, cash
- Resources must be held in an appropriately accessible form to be useful
- Policy can provide incentives to guide these resources into place to be available for use

Slide 5

U.S. Transportation Expenditures (1998)

- $675 billion annually
- Private expenditures are 5 times greater than all public expenditures
- 17.9 percent of the average household budget is transportation
- Of the $6,312 out-of-pocket annual transportation expense, $6,200 was for the private automobile

Slide 6

Policies that Create Incentives for the Use of Private Resources to Fund Personal Transportation Accounts for Seniors, Ranked by Impact to Taxpayers [1] (Policies in shaded area)

Policy Type & Impact		Parties Motivated to Participate			
		A) Seniors	B) Adult Children, Families	C) Businesses & Organizations	D)Volunteers
1) Maximum Impact	Publicly funded program	Public transit (numerous federal, state & local policies)			
2) Moderate impact	Tax Credit		Paying for parents' rides with pre-tax dollars(proposed		
3) Minimal Impact	Tax Expenditure	Once in a lifetime tax deduction for CarTrade (proposed)			
4) No impact	Remove barriers			Exemption from car dealership laws for non-profit senior transit (Maine, LD36, 122nd Maine Legislature, unanimous ought to pass, Transportation Committee, 2/10/05)	Insurance companies may not raise rates for volunteer drivers (Maine, PL 1995, Ch132,§1)

Slide 7

Policy Recommendations

- **Policies that create incentives for the use of private resources to fund senior transportation**
  - Older Americans be allowed a once-in-a-lifetime tax deduction when they trade the equity in their automobile for alternative transportation (federal, proposed)
  - Adult children be allowed to help pay for their parents' transportation with pre-tax dollars (federal, proposed)
- **Policies that remove barriers to the use of private resources to fund senior transportation**
  - Individuals who use their automobiles as volunteer drivers be protected from unreasonable increases in their insurance rates (Maine)
  - Charitable, non-profit organizations that accept automobiles from seniors in trade for rides be exempt from automobile dealerships laws (Maine)

Slide 8

Contact Information

Katherine Freund

President & Executive Director

ITN*America*™

207 854-0505

Katherine.Freund@ITNAmerica.org

www.ITNAmerica.org

Creating solutions, changing lives.

Easter Seals' Policy Recommendations

White House Conference on Aging
Listening Session on Transportation

March 10, 2005

1) **Invest in public transportation systems so that those seniors who want to or have to cease driving have more options in maintaining their mobility.** This can involve everything from increasing general funding available for transportation options to supporting coordination at the state and local level so that existing dollars are maximized. There are still significant barriers for seniors who wish to access public transportation. These barriers will need to be addressed to make these systems more welcoming. Solutions needed include increasing the accessibility of transportation for people with disabilities including those with cognitive impairments, increasing transportation options in rural communities, making systems more welcoming by training and supporting drivers and other personnel needed to assist seniors using public transportation and by eliminating pedestrian barriers to increasingly available accessible transportation.

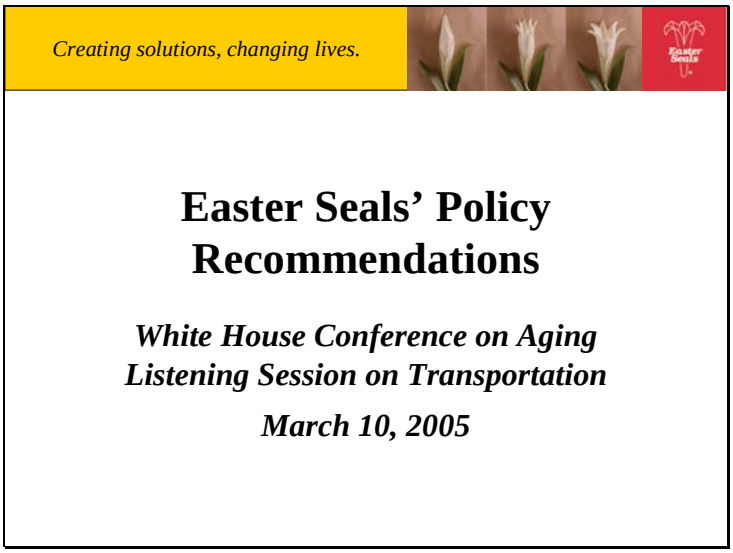
2) **Coordinate Human Services Transportation.** There are currently 62 federal programs that support transportation related to human services, many of which serve seniors. Easter Seals applauds the work of the federal "United We Ride" program that is working to provide state agencies and local communities with guidance and support to coordinate all of these funding streams. Through Easter Seals Project ACTION, funded from the Federal Transit Administration, Easter Seals is working in communities across the country to advance human service transportation coordination through conducting Mobility Planning Services Institutes (MPS). MPS brings together community teams of transportation providers, service providers, people with disabilities, and increasingly seniors and senior advocates. The teams are trained and provided continuous technical assistance on assessing the transportation needs of their communities and both creating and implementing plans to meet those needs.

3) **3)Provide effective means to address the needs of seniors and persons with disabilities in transportation planning and decision-making.** As part of coordinated regional and state-wide transportation planning, states and metropolitan planning organizations must determine the impact of transportation systems on seniors and people with disabilities and provide these special populations with a reasonable opportunity to comment during the development of transportation improvement programs. States should be required to appoint seniors and people with disabilities and others with a direct stake in the provision of public transportation services as full participants with voting rights in state transportation planning commissions and MPO boards.

4) **Support the Senior Transportation Technical Assistance Center.** In the fiscal year 2005 transportation appropriations bill, Congress allocated $2 million for a technical assistance center for seniors and transportation providers on senior transportation. This proposal is based on the successful model of Easter Seals Project ACTION, which has been in existence since 1988 and has been extremely effective in increasing transportation options for people with disabilities. This center will be an excellent mechanism for identifying and addressing issues in the senior transportation field. The center was included in the Senate TEA-21 reauthorization bill, and Easter Seals is working to ensure its inclusion in the final legislation.

Easter Seals Policy Recommendations Presentation

Slide 1

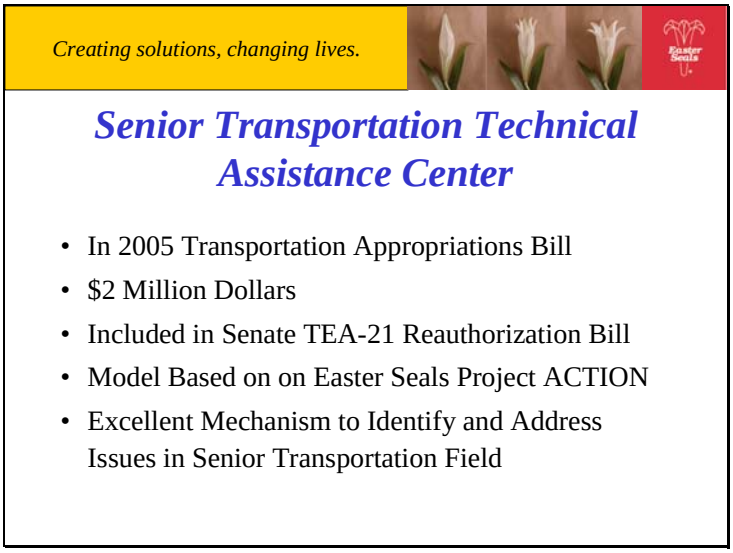


Slide 2

Slide 3

Slide 4

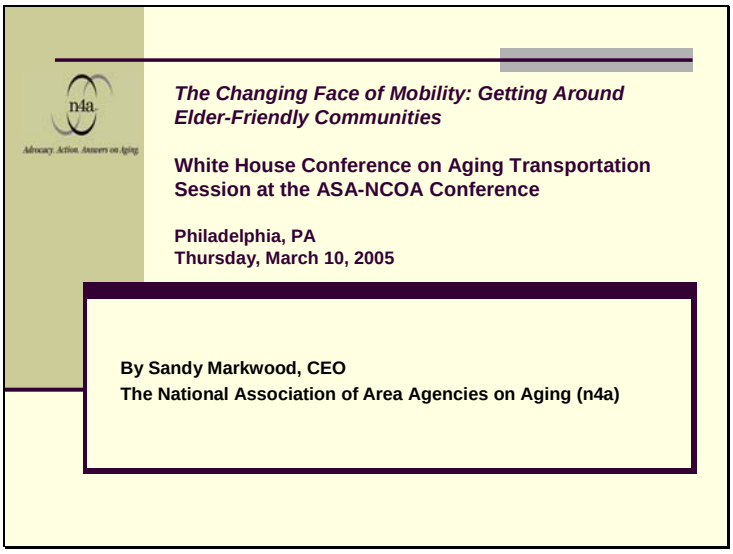
Slide 5



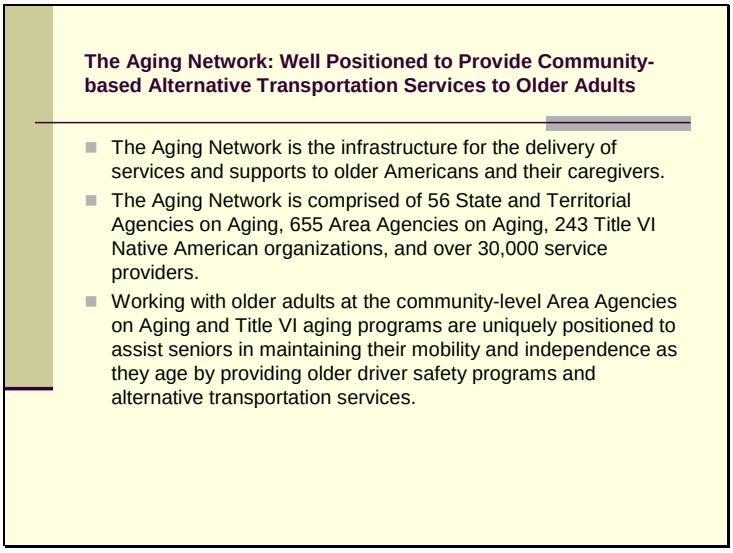
Slide 6

National Association of Area Agencies on Aging Policy Recommendations Presentation

Slide 1



Slide 2



Slide 3

Policy Recommendations: Increase Resources and Flexibility

- Increase funding for Title III-B Supportive Services of the Older Americans Act. Transportation competes against numerous other critical support services for which Title III-B funding is used and funding for this program has not kept pace with the growth of the senior population forcing aging programs with mounting waiting lists to give priority to only the most essential transportation needs such trips to medical appointments and the pharmacy.
- According to August 2003 survey conducted by n4a, over 73% of responding Area Agencies on Aging use Older Americans Act Title III funds to support their transportation programs.

(*Source: Identifying the AAA Role in Senior Transportation Services,* December 2004, Survey for the Consortium on the Coordination of Human Services Transportation*).*

Slide 4

Policy Recommendations: Increase Resources and Flexibility cont.

- Increase funding for FTA's Section 5310 formula grant for Elderly and Persons with Disabilities. Relax Section 5310 program restrictions to allow for greater flexibility in directing funds based on local needs. Allow the use of non-FTA matching funds from any source, including other federal programs, and expand the use of funds to include assistance with operating costs such as vehicle maintenance, insurance premiums, and driver and volunteer training.
- According to August 2003 survey conducted by n4a, over 20% of responding Area Agencies on Aging reported using Section 5310 funds to purchase vehicles for their transportation programs.

(*Source: Identifying the AAA Role in Senior Transportation Services,* December 2004, Survey for the Consortium on the Coordination of Human Services Transportation*).*

Slide 5

Policy Recommendations: Promote Older Driver Safety and Mobility Management

- Focus policy initiatives on developing older driver safety programs including referral, assessment, rehabilitative, and regulation programs to enable functionally limited older adults to drive safely. Local aging programs are well positioned to provide information and training on older driver safety and alternative public transit options available in their communities, but need additional resources to provide the level of outreach that is necessary to educate older adults and their families.
- According to September 2004 survey conducted by n4a, over 40% of responding Area Agencies on Aging and Title VI agencies reported that they conduct or partner with another organization in some type of older driver safety program, training, or activity. While more than 80% expressed an interest in offering some type of older safety initiative.

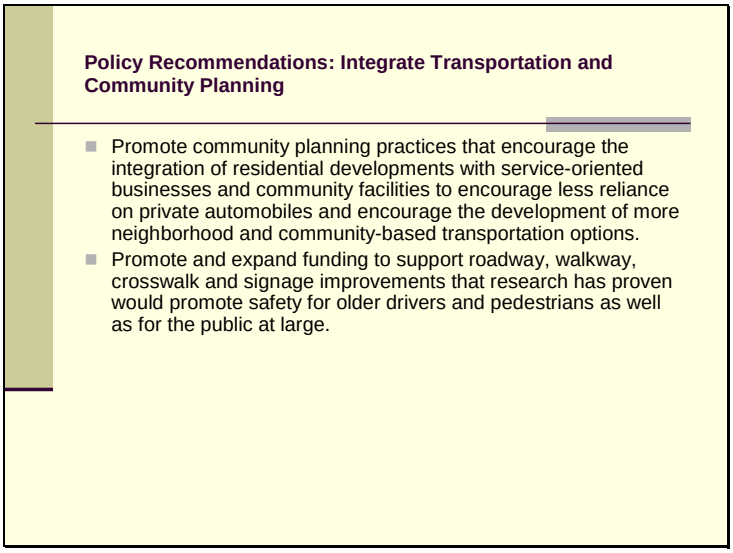
(***Source: n4a Older Driver Safety Project Assessment, February 2005***).

Slide 6

Policy Recommendations: Promote Older Driver Safety and Mobility Management cont.

- Expand funding for Mobility Managers, who help determine the transportation needs of seniors and connect them with the best available transportation options. Establish a national system of community-based Mobility Management Centers to help older drivers and non-drivers alike maintain their mobility and prevent unnecessary isolation, particularly in suburban and rural areas where public transit options may be limited.

Slide 7


Policy Recommendations: Integrate Transportation and Community Planning
Promote community planning practices that encourage the integration of residential developments with service-oriented businesses and community facilities to encourage less reliance on private automobiles and encourage the development of more neighborhood and community-based transportation options.
Promote and expand funding to support roadway, walkway, crosswalk and signage improvements that research has proven would promote safety for older drivers and pedestrians as well as for the public at large.

The White House Conference
Recommendations on Senior Transportation
From
The Beverly Foundation, Pasadena CA

What follows are three recommendations from the Beverly Foundation of Pasadena, California for inclusion in the agenda of the White House Conference on Aging.

Recommendation #2. Transportation Options For Seniors in Rural Areas
to promote the expansion of transportation options for seniors in rural areas by creating an initiative to fund the establishment of pilot programs that demonstrate innovative methods of delivering transportation services to seniors that are: consumer oriented, low cost, senior friendly, community based, and coordinated with both human services and transportation services in the community.

Recommendation #1. Volunteer Driver Programs Models for Seniors
to promote the expansion of volunteer driver programs that provide transportation to seniors by establishing a national volunteer driver recruitment initiative that will: (1) fund innovative models for volunteer driver recruitment that target special population groups such as college students, employee groups, and retirees; (2) offer financial assistance to the model programs to help support the purchase of insurance coverage, the coverage of volunteer driver insurance deductibles (in the event of a crash), and the payment of mileage reimbursements; and (3) provide financial incentives for encouraging the coordination of these models with traditional public and paratransit services.

Recommendation #3. Faith Based Transportation Programs for Seniors
to expand faith-based programs that provide transportation to seniors by creating a demonstration grant program to provide financial support for planning and start-up activities and initial technical assistance support in risk management, operations, fundraising, and evaluation.